OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED

APPLICANT IDENTIFIER

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Pre-application: ☐ Construction ☑ Non-Construction

3. DATE RECEIVED BY STATE

STATE APPLICATION IDENTIFIER

4. DATE RECEIVED BY FEDERAL AGENCY

FEDERAL IDENTIFIER

5. APPLICANT INFORMATION

Legal Name:
Idaho Department of Healht an Welfare

Organizational DUNS:
82-520-14-86

Organizational Unit:
Bureau of Clinical and Preventive Services

Address (give city, county, state and zip code)
PO Box 83720
450 W. State St., 4th Floor
Boise, ID 83720
County: **Ada**

Name and telephone number of the person to be contacted on matters involving this application (give area code)
Name: **Dieuwke A. Spencer**
Email: **spencerd@idhw.state.id.us**
Tel Number: **(208)334-5930**
Fax Number: **(208)332-7362**

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

8 2 6 0 0 0 9 9 5

7. TYPE OF APPLICANT: (Enter appropriate letter in box) **A**

A. State	H. Independent School District
B. County	I. State Controlled Institution of Higher Learning
C. Municiple	J. Private University
D. Township	K. Indian Tribe
E. Interstate	L. Individual
F. Intermunicipie	M. Profit Organization
G. Special District	N. Other (Specify)

8. TYPE OF APPLICATION:

☐ New ☑ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es) ☐ ☐

A. Increase Award B. Decrease Award C. Increase Duration
Decrease Duration Other (specify):

9 NAME OF FEDERAL AGENCY:
Health Resources and Services Administration, Maternal and Child Health Bureau

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

9 3 9 9 4

TITLE: **Maternal and Child Health Services Block Grant**

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
MCH Health Care Services DUNS:82-520-14-86

12. AREAS AFFECTED BY PROJECT (cities, communities, states, etc.):
State of Idaho

13. PROPOSED PROJECT:

Start Date: **10/01/2006**

Ending Date: **09/30/2007**

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant **1-2**

b. Project **1-2**

15. ESTIMATED FUNDING:

a. Federal	$ 3,373,170.00
b. Applicant	$ 0.00
c. State	$ 2,097,900.00
d. Local	$ 444,728.00
e. Other	$ 0.00
f. Program Income	$ 0.00
g. TOTAL	$ 5,915,798.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE:

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT

☐ Yes. If "Yes", attach an explanation ☑ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY BY THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Typed Name of Authorized Representative
Richard M. Armstrong

b. Title
Director

c. Telephone Number
208-334-5500

d. Signature of Authorized Representative

e. Date Signed

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Standard Form 424 (REV. 4-88)
Prescribed by OMB A-102